

FILED IN THE OFFICE OF CITY CLERK

ON 30th DAY OF July 2010

AT 12:16 PM

FORM COR-C/OH

CORRECTION AFFIDAVIT

FOR CANDIDATE/OFFICEHOLDER

Yvonne Spence
DEPUTY CITY CLERK

1 ACCOUNT #		2 Total pages filed: 2		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt # Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Legal Totals	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Processed	
				Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year		
	06 / 05 / 2008		06 / 30 / 2008		

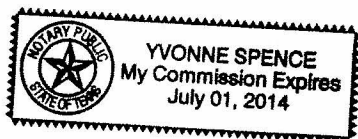
6 EXPLANATION OF CORRECTION

The original report omitted detail for one staff reimbursement for political expenditure. ☐
 This correction provides the necessary detail. ☐

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Laura Morrison

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by *Laura Morrison* this the *30th* day of *July*.

20 *10*, to certify which, witness my hand and seal of office.

Yvonne Spence
Signature of officer administering oath

Yvonne Spence
Printed name of officer administering oath

Notary
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form
 Needed To Report And Explain Corrections

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # **N/A**~~Schedule: 9/14 Report: 60/66~~**2** FILER NAME Morrison, Laura (Mrs.)**3** ACCOUNT # (Ethics Commission filers)

00001000

Date	Payee name	Amount (\$)
06/15/2008	Rush, Barbara	
	Payee address; City; State; Zip Code 1801 Palmwood Cove Austin, TX 78757	\$500.00
Purpose of payment (See instructions regarding type of information required.) Phone expenditures Cell Phone Payment Date 6/7/08 to AT&T <input type="checkbox"/> PO Box 650574 <input type="checkbox"/> Dallas, TX 75265-0574 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: